

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 4/09/03.

I. DISPUTE

Whether there should be additional reimbursement for date of service 1/29/03.

II. RATIONALE

The Requestor billed \$455.00 for a Surface EMG of the Lumbar, CPT code 97799-EM-27. The Carrier reimbursed \$17.33 leaving \$437.67 in dispute. The Carrier denied additional reimbursement as “M YM – The reimbursement for the service rendered has been determined to be fair and reasonable based on billing and payment research and is in accordance with Labor Code 413.011(D). M 40 – The charge for the services exceeds an amount which would appear reasonable when compared to the charges of other providers in the same geographic area. M YO – Reimbursement was reduced or denied after reconsideration of treatment/service billed.”

Rule 133.307(g)(3)(D) requires the Requestor to discuss, demonstrate, and justify that the payment amount being sought is fair and reasonable. The Requestor submitted documentation in the form of redacted EOB's that indicates an acceptable rate of reimbursement of 100% for similar treatment rendered. On this basis, reimbursement is recommended in the amount of \$437.67 (\$455.00 billed - \$17.33 reimbursed by the Carrier = \$437.67).

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the Requestor is entitled to reimbursement for CPT code 97799-EM-27 in the amount of \$437.67. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit \$437.67 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Decision and Order is hereby issued this 10th day of February 2004.

Pat DeVries
Medical Dispute Resolution Officer
Medical Review Division

PD/pd